



CITY OF PROVIDENCE
APPLICATION FOR DEFERRED RETIREMENT

Member Information

Name Social Security Number
Address Date of Birth
City State ZIP Code
Telephone Number Email Address:

To the Providence Retirement Board,

I, the undersigned member of the Employee Retirement System of the City of Providence (the "Retirement System") am an active employee of the City of Providence and, in accordance with the Chapter 17, Article VI of the Code of Ordinances of the City of Providence, do hereby apply for a deferred retirement allowance.

Such deferred retirement shall become effective on the ___ day of ___, 20__ upon which date I shall have attained the minimum age at which I am eligible to retire and obtain a retirement benefit from the Retirement System.

As of this date I have rendered ten (10) or more years of service with the City of Providence. I understand that I may elect to withdraw my accumulated contributions from the Retirement System at any time prior to reaching the minimum retirement age, but that in doing so I waive any right or claim for myself or any beneficiary to a retirement allowance or any other pension benefit which I may be entitled.

Member Signature Date

Beneficiary Information

Full Name Relationship to member
Date of Birth SSN Telephone Number
Address City State ZIP Code

NOTARIZATION OF MEMBER'S SIGNATURE

State of ___, County of _____

On this ___ day of ___, 20__ the said ___ personally appeared before me and is known to me to be the individual who executed the foregoing instrument and who duly acknowledged to me that s/he executed the same and made oath that the statements contained therein are true.

Notary Public

Commission Expiration